The Relative Effects of Anxiety Sensitivity and Distress Tolerance on Behavioral Approach and Peak Distress Following Treatment for Spider Phobia

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Introduction

Anxiety sensitivity (AS) refers to the fear of anxiety-related body sensations due to their feared social, cognitive, or physical consequences. Distress tolerance (DT) refers to a person’s ability to withstand distress (e.g., anxiety).

Research documents the importance of AS and DT in the development and maintenance of clinical anxiety.

The extent to which these two constructs behave in conjunction with one another during treatment is unclear, yet carries important clinical implications.

The current study tested the hypothesis that in a sample of adults receiving spider phobia therapy, greater AS and lower DT at pre-treatment would predict (a) greater distress and (b) poorer behavioral approach when faced a live tarantula.

Methods

Adults with spider phobia\(^1\) (\(N=55\)) completed four sessions of exposure therapy for spider phobia\(^2,3\). The sample was 85.5\% female and had a mean age of 31.27 (\(SD = 12.94\)).

Participants completed self-report measures of AS\(^4\) and DT\(^5\) at pre-treatment. They also completed a 13-step spider behavioral approach task (BAT) at pre- and post-treatment; higher values represent greater behavioral approach toward a live tarantula. During the BAT, participants self-reported their peak distress.

Results

As shown in Table 1, DT (but not AS) was significantly related to the number of BAT steps completed after spider phobia treatment at the bivariate level, although the magnitude of this negative correlation was weak. Neither AS nor DT were significantly correlated with BAT distress following treatment.

We tested hypotheses with two linear regression models, controlling for pre-treatment levels of outcome variables were controlled for in primary analyses. Whereas AS was the only significant unique predictor of post-treatment BAT steps (Table 2), DT was the only significant unique predictor of peak subjective distress during the post-treatment BAT (Table 3).

Discussion

Results did not support hypotheses and suggest that although DT more significantly relates to one’s distress intensity when encountering a feared stimulus, AS is a more important factor in how one behaves despite elevated distress.

Findings could indicate that high-AS individuals may resist approaching feared stimuli in order to avoid experiencing anxiety-provoking sensations. Similarly, high-DT individuals may perceive (or infer from their behavior) their distress to be lower than do their low-DT counterparts.

Strengths include use of a clinical sample, multimethod assessment, and longitudinal design.

Limitations of this study include the use of a geographically limited sample and assessment at only two time points.

Future research should use more generalizable samples and examine AS and DT over the course of treatment, in addition to pre- and post-treatment.

References


